



485 Twelve Bridges Drive, Lincoln, CA 95648

Volunteer Position Title: Shelving Volunteer

Position Overview and Impact:

Our shelving volunteers are an essential part of our Library team, and help to keep the library running smoothly in its daily function. We're looking for serious, hard-working individuals willing to help us in providing the library's essential services to our community.

Responsibilities:

- Re-shelve materials in accordance with library procedures. In order for materials to be located and used by patrons, it is critical they are returned to the correct location within the library.

Skills/Requirements:

- The ability to work independently.
- Must be comfortable with alphabetic and Dewey Decimal System numeric ordering.
- The ability to stand for long periods of time, push carts full of materials, and lift at least 25 pounds.
- Strong organizational skills, and attention to details.
- To be aware and observant of shelving conventions, in order to notice misshelved and mislabeled items.
- 14 years of age or older.
- Clear a Live Scan (fingerprinting/background check) if 18 years of age or older.
- Be reliable and punctual in order to fulfill the volunteer commitment.

Training and Support:

The library staff takes great pride in its ability to maintain its services for all of our patrons and community and supports all volunteers in their efforts. Our volunteer coordinator conducts a group training session once a month for new volunteers which features instruction, practice, and tests on application of new skills and library protocol.

Time Commitment:

- Able to make a regular commitment of at least 2 hours a week of service.

New volunteers are accepted on an as needed basis.

Responsible to: Volunteer Coordinator – Phyllis Brown

Contact Person: Phyllis Brown

916-215-9261



485 Twelve Bridges Drive

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Volunteer Position Title: Storytime Volunteer

Position Overview and Impact:

Lincoln Public Library offers a weekly family storytime to families with children of all ages. This program models effective ways of reading and sharing stories with children, with an emphasis on techniques that help build pre-reading skills. Storytime Volunteers lead a weekly 30 minute storytime, reading several pre-selected storybooks, leading children through rhymes and movement activities, and sharing pre-reading tips with parents and guardians. Many Storytime Volunteers work in pairs.

Responsibilities:

- Lead a 30 minute storytime that includes books, rhymes, and movements.
- Adapt the program to accommodate varying ages and attention spans.
- Work well with others, including possible volunteer partners.
- Maintain communication with staff about challenges and successes.

Skills/Requirements:

- The ability to be silly! Storytime is a fun program, and can't be taken too seriously.
- Commit to one 1 hour shift (30 minutes prep time, 30 minutes storytime) per month, for three months at a time. (Quarterly schedule)
- 18 years of age or older
- Clear a Live Scan (fingerprinting/background check).
- Be reliable and punctual in order to fulfill the volunteer commitment.

Training and Support:

The library staff takes great pride in offering this program and supports the Storytime Volunteer in their efforts. Each volunteer will attend a training session before they begin the position. The training covers library protocol, early literacy tips, program components, and other tools for success. We are dedicated to the success of the program knowing that it provides an important service to the community.

Time Commitment: 1 hour per month, for three months (with option to continue)

Responsible to: Family Storytime Coordinator – Michael Givan

Contact Person: Michael Givan
916-434-2410
Michael.givan@lincolncalibrary.gov



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Volunteer Position Title: Homework Coach Volunteer

Position Overview and Impact:

Lincoln Public Library offers homework coaching in its Homework Center to local K-8 students. Volunteer Homework Coaches help students achieve success by assisting them with school and homework assignments. The Coaches build confidence and skills in each student as they successfully complete assignments and gain subject knowledge. Homework Coaches show students applicable library tools that can help students with their homework questions when the Homework Center is not available.

Responsibilities:

- Track the number of students who visit the Homework Center.
- Assist students with their homework questions using methods that will help the student better understand the assignment.
- Communicate with the Homework Center Coordinator about any change in schedule.
- Perform volunteering duties in a thoughtful and courteous manner.

Skills/Requirements:

- Ability to coach school-age children in a variety of subjects based on their curriculum needs.
- Commit to 2 hours per week during the school semester on the same day each week.
- 14 years of age or older.
- Clear a Live Scan (fingerprinting/background check) if 18 years of age or older.
- Be reliable and punctual in order to fulfill the volunteer commitment.

Training and Support:

The library staff takes great pride in offering this program and supports the Volunteer Homework Coaches in their efforts. Each volunteer will attend a training session before they begin the position. The training covers library protocol as well as an overview of the tools the library has available for students to access. We are dedicated to the success of the program knowing that it provides an important service to the community.

Time Commitment: Two hours per week for at least one school semester.

Responsible to: Homework Center Coordinator – Tonie Jenkins

Contact Person: Tonie Jenkins, Library Assistant
916-434-2410
Tonie.jenkins@lincolnca.gov



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Volunteer Position Title: Adult Literacy Tutor

Position Overview and Impact:

Lincoln Public Library offers an opportunity to make a significant difference in the lives of adults with limited literacy. Improving the quality of their lives is a rewarding task. The goal of the tutoring program is to create an opportunity for individuals to improve their reading, writing, basic math, or computer skills by working one-on-one with a tutor.

Responsibilities:

- Tutor a learner 1 to 2 times each week for 1.5 hour sessions at the Twelve Bridges Library.
- Submit monthly time logs.
- Coordinate with Literacy Staff regarding your Learner, schedule and progress.

Skills/Requirements:

- Must be able to read, write, and speak English proficiently and clearly.
- Possess patience, flexibility, and excellent oral communication skills.
- 18 years of age or older.
- Clear a Live Scan (fingerprinting/background check).
- Be reliable and punctual in order to fulfill the volunteer commitment.

Training and Support:

The library staff takes great pride in offering this program and supports the Tutor Volunteers in their efforts. Each Tutor Volunteer will attend a 3 hour tutor training session before they are assigned to a Learner. The training covers library protocol, literacy tips, program components, and other tools for success. All tutoring materials are provided free of charge. Individual assistance from Literacy Staff is available. We are dedicated to the success of the program knowing that it provides an important service to the community.

Time Commitment: 6 months

Responsible to: Family Literacy Coordinator – Michael Givan

Contact Person: Michael Givan
916-434-2410
Michael.givan@lincolnca.gov

16 September 2017

Live Scan Date _____

Training Date _____



VOLUNTEER APPLICATION

PERSONAL

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Male/Female _____ Age _____ Birthdate _____

Emergency Contact _____ Phone Number _____

EDUCATION, INTERESTS & SKILLS

Which volunteer position(s) are you interested in?

Shelving Volunteer ☐ Homework Center Coach ☐ Story Time Volunteer ☐ Adult Literacy Tutor ☐

Highest Completed Education:

In High School ☐ High School ☐ College ☐ Other _____

Please list any skills or abilities related to the position you are interested in:

Why are you interested in volunteering? Please check

Personal Interest ☐ Community Service ☐ Employer Supported Volunteering

☐ Other: _____

SIGNATURE

If you have read and understood the responsibilities in the attached position descriptions, then please sign below:

Your Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If under 18, Parent/Guardian signature required.

Please fill out and return to the Library. If your skills and abilities match our current volunteer vacancies, you will be contacted. Thank you for your interest.

485 Twelve Bridges Drive • Lincoln, CA 95648 • 916-434-2410 • www.libraryatlincoln.org

**CITY OF LINCOLN
VOLUNTEER WAIVER AND ACKNOWLEDGMENT**

My name is _____

I am: (*Check one*) ☐ Over the age of 18.

☐ Under the age of 18 (parent or legal guardian must sign form).

I am: (*check one*) ☐ Not currently employed by the City of Lincoln in any capacity.

☐ Currently employed by the City of Lincoln as a _____, but will not be performing the same type of services as a volunteer.

I agree to volunteer for the City of Lincoln through the City of Lincoln Volunteer Center in the LIBRARY Department.

By my initials below, I acknowledge that I have read and understood each item.

(*Initials*)

_____ I may be eligible for Workers' Compensation benefits in the event of injury in the course of performing my volunteer duties, but will not under any circumstances receive any other type of compensation for any injuries from the City of Lincoln that may occur during the course of volunteering.

_____ I will be performing hours of service as a volunteer for the City of Lincoln and/or the Lincoln Volunteer Center for civic, charitable, or humanitarian reasons.

_____ I will be performing services as a volunteer without promise, expectation, or receipt of compensation (in any form) for services rendered.

_____ I understand that I can be relieved of my duties as a volunteer at any time and for any reason and that I have no rights to continue my volunteer status.

_____ In the event I am relieved of my duties, I understand that I am not eligible to invoke the appeal or grievance process that may be available to City of Lincoln employees.

_____ I understand that I am not eligible for and will not participate in any benefits (including medical insurance, retirement, life insurance, etc.) provided to City of Lincoln employees.

_____ I understand that I am not a member of any bargaining unit and do not have any rights under any Memorandum of Understanding.

_____ I authorize the City of Lincoln Public Information Officer or anyone else authorized by the City of Manager to use, reproduce, or publish any and all photographs or videotapes of me, which may be taken during my participation in a volunteer event, for any purpose, without compensation to me.

This Release is entered into this _____ day of _____, 20_____

Print name (Volunteer)

Signature

If under 18, name of Parent/Guardian

Signature



STATE OF CALIFORNIA
BCII 8018
(orig 4/01, rev 8/09)

REQUEST FOR LIVE SCAN SERVICE

BY APPOINTMENT ONLY
Lincoln Police Department
770 Seventh Street, Lincoln
RETURN COPY TO LIBRARY

Applicant Submission

ORI: A2595 Type of Application: VOLUNTEER -SL

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER-SL

Agency Address Set Contributing Agency:

Lincoln Volunteer Center

Agency authorized to receive criminal history information

05141

Mail Code (five-digit code assigned by DOJ)

P.O. Box 1295

Street No. Street or PO Box

Bob Romness

Contact Name (Mandatory for all school submissions)

Lincoln

CA

95648

City

State

Zip Code

(916) 645-6254

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - 145483

Agency Billing Number

Height: Weight:

Misc. Number: n/a

Home Address:

Eye Color: Hair Color:

Street No.

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: n/a

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ

☐ FBI

If resubmission, list Original ATI

Number:

n/a

Employer: (Additional response for agencies specified by statute)

n/a

Employer Name

n/a

n/a

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

n/a

(n/a)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL - Live Scan Operator; SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency